	그는 그 그 한 경기를 받는 아이를 받는 그는 일을 하는 것이 없었다. 그 그 그 나를 다음
ARIZONA STATE	BOARD OF HEALTH
AGE OF BIRTH BUREAU OF	VITAL STATISTICS State File No.
O STANDARD CER	TIPICATE OF BIRTH Registered No.
ty Alla	
ct or Township	State Wyra
0.0.0	or Village
Toble No.	
(If birth oc	curred in a hospital or institution, give its NAME instead of street and number)
ill name of child IV acque the	(If shill is not street and number)
of Child To be answered ONLY 4. Twin, triplet or oth	{ If child is not yet named, make supplemental report, as directed.
in event of plural	0. Legitimate?
5. No., in order of birth	yla 7. Date of birth Jan. 11, 1928
FATHER	Moath Day Year
d name Daniel Al on a	MOTHER_
- while William Chang	Pull maiden name Ol a P - T
Residence (1) O	- Jan May
(Usual place of abode)	15 Residence
f non-resident, give place and state.	(Uaual place of abode)
Color or race	If non-resident, give place and state.
D - A-	16 Color or race
11. Age at last hirthday (Years)	1. 0.0.
0 0	17. Age at last birthday (Years)
Birthplace (city or place)	0.5
(State or country)	18. Birthplace (city or place)
TVINATE.	(State or country)
Occupation Winer	19. Occurrent
iture of industry	19. Occupation Houseway
	Nature of industry
Number of children of this mother	
en as of time of high at the state at	d now living 21. Were precautions taken against oph-
en as of time of birth of child herein (b) Born alive but (c) Stillborn.	
CERTIFICATE OF ATTENDANCE	
CERTIFICATE OF ATTENDING cby certify that I attended the birth of this child, who was	PHYSICIAN OR MIDWIFE*
When there are the second of t	forn alive or stillborn.)
idwife the the there are a standard sta	Marin
lie and the this return. A stillborn	1 think I want to be a second of the second
other evidence of life after birth.	Physica
name added from	Plasson (Physician or midwife).
plemental report Month, day, year Address C	Llove aima
38 - 111-673	The state of the s
Registrar Filed 2	28 1928 19, E. 20 when
· South	Registrar
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	\$100 E

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